

PRINTED: 12/21/2007
FORM APPROVEDRECEIVED
DEPARTMENT OF HEALTH
HEALTH REGULATION
ADMINISTRATION
DATE SURVEY
COMPLETED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		2007 JAN - 2 P 12:19/2007
NAME OF PROVIDER OR SUPPLIER M T S		STREET ADDRESS, CITY, STATE, ZIP CODE 6217 16TH ST, NW WASHINGTON, DC 20011			
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I 000	INITIAL COMMENTS A licensure survey was conducted from December 18, 2007 through December 19, 2007. A random sample of two clients were selected from a population of four males with various disabilities. The findings of this survey were based on observations at the group home, interviews with two residents and group home staff, review of clinical and administrative records to include the facility's unusual incident reports.	I 000			
I 060	3502.18 MEAL SERVICE / DINING AREAS Perishable foods shall be stored at proper temperatures in order to conserve nutritive value. This Statute is not met as evidenced by: Based on observation and staff interview the facility failed to ensure that the primary refrigerator in the facility was operating at proper temperatures. The find includes: During the environmental walk-through on 12/19/07 at approximately 12:05 PM revealed that the deep freezer that stores extra foods located in the kitchen was found not be equipped with a thermometer. Interview with the direct care staff acknowledged that that there was no thermometer located inside the deep freezer.	I 060	3502.18 A thermometer will be purchased for the deep freezer by...1-4-08.		
I 080	3503.8 BEDROOMS AND BATHROOMS One (1) bathroom consisting of a toilet, lavatory and a bathing facility that is appropriate for the needs of the residents shall be provided for the	I 080			

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE FORM

Director of Residential Services

1/2/07 (X6) DATE

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I 080	Continued From page 1 use of each six (6) persons including staff, except that non-live-in staff shall not be counted when calculating persons using bathing facilities. This Statute is not met as evidenced by: Based on observation and interview the GHMRP failed to have a toilet operating in good working condition. The finding includes: During the environmental walk-through on 12/19/07, the toilet seat located in the basement was observed to be cracked. Interview with the direct care staff revealed that the residents sometime uses the bathroom while their in the basemen ironing their clothes. Further interview with the direct care staff acknowledged that the toilet seat needed to be replaced.	I 080	3503.8 The cracked toilet seat will be replaced by... 1-4-08.		
I 081	3503.9 BEDROOMS AND BATHROOMS Each bathroom shall be equipped to facilitate training toward maximum self-help by residents including individuals with physical disabilities and shall have appliances, fixtures or devices which shall be appropriate to the needs of each person who lives and works in the This Statute is not met as evidenced by: Based on observation, the GHRMP failed to each bathroom was equipped to with appliances, fixtures or devices which shall be appropriate to the needs of each person who lives and works in home. The finding includes:	I 081	3503.9 The bulb was replaced... 12-21-07.		

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I 081	Continued From page 2 During the environmental walk-through on 12/19/07, the light located in the basement was observed to be without a light fixture.	I 081			
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation, the GHMRP failed to ensure the interior and exterior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. The findings include: Observations of the GHMRP 's environment on December 19, 2007 revealed the following: Interior 1. The toilet seat located in the basement was observed to be cracked. 2. There a build up of leaves leading from the basement steps to the front yard. 3. The black strip covering the base of the bathroom was detached from the wood exposing rooted wood.	I 090	3504.1 1. The toilet seat will be replaced by...1-4-08. 2. The leaves were raked/removed by...12-21-07. The leaves are routinely raked weekly to maintain the cleanliness of the exterior...12-30-07. 3. The rotted wood will be replaced and the black strip re-secured at the base of the bathroom by...1-10-08. 4. Addressed...12-21-07. 5. The kitchen walls were cleaned by 12-22-07. The kitchen is cleaned on a routine daily basis subsequent to meals. The facility manager will insure that any grease build-up or other wall/surface dirt and grime are cleaned during the daily upkeep process...1-2-07. The facility manager will reinforce this with staff in the January 2008 all- staff meeting that will be held by.....1-20-08. 6. The loose handrail will be tightened by 1-4-08. 7. The water temperature will be checked on a routine daily basis and documented by staff. If the water temperature exceeds 110 degrees F, staff will immediately adjust it to below 110 and report it to the facility manager...1-2-08.		

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1090	Continued From page 3 4. There was no light fixture observed in the bathroom located in the basement. 5. There was grease build up located on the kitchen walls located near the window by the sink. 6. The handrails located at the bottom right of the stairs was observed to be loose. 7. The following water temperature readings was as follows: a. Kitchen - 126 degrees b. Bathroom on the first level - 125 degrees c. Bathroom located on third level in Resident #2 and #4's bedroom - 127 degrees d. Bathroom located on the third level in the hallway - 125 degrees. Before the exit, the facility's Qualified Mental Retardation Professional (QMRP) had adjusted the hot water temperatures.	1090			
1095	3504.6 HOUSEKEEPING Each poison and caustic agent shall be stored in a locked cabinet and shall be out of direct reach of each resident. This Statute is not met as evidenced by: Based on observation the GHMRP failed to lock caustic agents being stored. The finding includes: During the environmental walk-through on 12/18/07 revealed a spray can of Easy Off Oven Cleaner caustic agents that was stored under the kitchen sink.	1095	3504.6 The facility manager will re-train staff to insure that caustic agents are stored in locked areas when not in use. The training will occur during the January 2008 staff meeting... 1-20-08. The facility manager will audit the external and internal physical environments on a weekly basis using the established MTS tools and report repair issues to the Program Assistant for follow up... 1-2-08. The MTS instrument covers issues like water temperature, thermometers and the storage of caustic agents.		

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I 135	<p>3505.5 FIRE SAFETY</p> <p>Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record verification, the GHMRP failed to hold evacuation drills under varied conditions.</p> <p>The finding includes:</p> <p>Review of the facility's fire drill records on December 18, 2007 at approximately 12:35 PM revealed that the fire drills were conducted via the front, side, and basement door. Interview with the facility manager on the same day at approximately 12:40 PM revealed that there were five methods of egresses. During the environmental walk thru on December 19, 2007 at approximately 11:51 AM revealed an exit from Residents #3's bedroom located upstairs and a backdoor connected to the staff's office where the residents receives their AM/PM medications. Interview with the Facility Manager on December 19, 2007 at approximately 12:10 PM acknowledged that fire drills had not been conducted using the exit in Resident #3's bedroom or the back door. There was no evidence that evacuation drills were held under varied conditions.</p>	I 135	<p>3505.5</p> <p>The QMRP will re-train staff on the use of the nearest exit during fire drills and overall fire drill procedures by.....1-10-08.</p>		
I 189	<p>3508.7 ADMINISTRATIVE SUPPORT</p> <p>Each GHMRP shall maintain records of residents' funds received and disbursed.</p> <p>This Statute is not met as evidenced by:</p>	I 189			

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1189	Continued From page 5 Based on staff interview and review of records, the GHMRP failed to establish and maintain a system that ensures a complete and accurate accounting of residents' funds that are entrusted to the facility for two of two clients included in the sample. (Resident #1 and #2) The finding includes: Review of Residents #1 and #2 financial records on 12/10/07 at approximately 11:36 AM revealed that there were no full and complete accounting of the residents personal funds available for review in the facility. Interview with the Facility Manager acknowledged that there were no full and complete accounting for Residents' #1 and #2 personal funds.	1189	3508.7 MTS maintains the client personal funds records at its main office and assigns a specific accounting staff member the task of maintaining the routine integrity of the records. The files should have been brought from the main office to the home for the surveyor's review. Copies of the reconciled records will be sent to the home by...1-4-08.		
1192	3508.8(c) ADMINISTRATIVE SUPPORT Each GHMRP licensee shall carry or ensure that the premise carries the following insurance in at least the following amounts: (c) Professional Liability This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review professional liability insurance for consultants. The findings include: Review of the personnel records on 12/19/07 at approximately 10:58 AM revealed the GHMRP failed to have evidence of professional liability insurance for consultants C #1, C #2, C #5, C #6, and C #7.	1192	3508.8 (c) Documentation of liability insurance for the cited consultants is attached...1-2-08.		

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I 203	<p>3509.3 PERSONNEL POLICIES</p> <p>Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter.</p> <p>This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees.</p> <p>The findings include:</p> <p>Review of the personnel files conducted on 12/19/07 at approximately 10:49 PM revealed the GHMRP failed to provide evidence of current signed job descriptions for of one of eight staffs. (Staff #6)</p>	I 203	<p>3509.3</p> <p>The one staff member cited had her job description reviewed with her and now has a current, signed job description on file... 1-2-08.</p>	
I 206	<p>3509.6 PERSONNEL POLICIES</p> <p>Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that all staff had current health certificates on file.</p> <p>The findings include:</p> <p>1. Review of the personnel files conducted on 12/19/07 at approximately 10:29 PM revealed the</p>	I 206	<p>3509.6</p> <p>All staff and consultants cited have been notified of the need to submit current health certificates. All will be obtained by... 1-15-08.</p>	

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I 206	Continued From page 7 GHMRP failed to provide evidence of current current health certificates for two of eight staffs. (S#2 had no current physical and the Facility's Manager health certificate was expired) 2. Review of the personnel files conducted on 12/19/07 at approximately 10:58 AM revealed the GHMRP failed to provide evidence of current current health certificates for four consultants. (C #1, C #2, C #3, and C #7)	I 206			
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (c) Infection control for staff and residents; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current training in first Aid and CPR for employees. The findings include: On 12/19/07, review of personnel records/training records revealed that the following staffs was without current First Aid and CPR, or both. 1. Current CPR - S #3 and S#5 2a. First Aid - C #4 b. CPR - C #4	I 227	3510.5 (d) The QMRP will schedule CPR/First Aid training for the two staff members cited by... 1-10-08. MTS is routinely and proactively tracking personnel file and training data for all staff and is notifying staff when issues arise or are about to. Proper action will be taken when staff or consultants fail to respond to requests in a timely manner including but not limited to: <ul style="list-style-type: none"> • Holding checks. • Suspending services • Removal from staff schedules • Written warnings (staff). • Termination Staff is responding appropriately to date when notifications have been received... 1-2-08.		
I 379	3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other	I 379			

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1379	Continued From page 8 unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on record review the facility failed to report incidents that pose a risk to client health or safety to governmental agencies, as required by DC regulation (22 DCMR Chapter 35 Section 3519.10). The findings include: Review of the facility's unusual incident reports on 12/18/07 at approximately 12:20 PM revealed an incident report dated 10/3/07. According to the incident, Resident #2 was escorted to Providence Hospital for a x-ray to the left foot. There was no documented evidence that this incident had been reported to governmental agencies as required.	1379	3519.10 The QMRP will coordinate with the reporting staff to insure that the IMC gets the incident report in a timely manner so as to submit it in a timely manner. The QMRP will cover this issue in the January 2008 all-staff meeting... 1-20-08.		
1395	3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following	1395			

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I 395	<p>Continued From page 9</p> <p>disciplines or areas of services:</p> <p>(e) Nursing;</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review the facility failed to ensure nursing services in accordance with the needs of one of three residents in the sample. (Resident# 3)</p> <p>The findings include:</p> <p>The facility's nursing services failed to ensure that Resident #1 and #2 Abnormal Involuntary Movement Scale (AIMS) was updated as evidence below:</p> <p>1. Observations of the evening medication administration on 12/18/07 at 5:48 PM revealed Resident #1 self administered Carbamazepine 100 mg, and Risperdal 2 mg by mouth. Review of Resident #1 medial records on 12/18/07 at approximately 1:54 PM revealed an AIMS exam dated 11/20/06. Interview with the facility's RN on the same day at approximately 3:07 PM revealed that the AIMS exams are usually conducted every six months. Further interview with the RN revealed that she was unable to locate Resident #1's recent AIMS exam and therefore, would have to look for it. At the time of the survey, there was no evidence that the RN had completed an updated AIMS exam for Resident #1.</p> <p>Note: A faxed copy of Resident #1's AIMS exam dated 12/19/07 was forwarded to my office a day after the survey had been completed.</p> <p>2. Observations of the evening medication administration on 12/18/07 at 5:41 PM revealed</p>	I 395	<p>3520.2 (e)</p> <p>Where AIMS reviews are required, the HRMCP (care plan) will be modified to reflect the routine parameters for the reviews (i.e. at minimum every six months)... 1-10-08. The DON will track compliance and follow up in her routine one-to-one meetings and team meetings with the lead RNs... 1-2-08.</p>		

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I 395	Continued From page 10 Resident #2 self administered Tegretol XR 100 mg, Tegretol XR 200 mg, Seroquel 100 mg, Bupropion HCL 150 mg, and Phenobarbital 60 mg by mouth. Review of Resident #2 medical records on 12/18/07 at approximately 1:57 PM revealed an AIMS exam dated 12/26/06. Interview with the facility's RN on the same day at approximately 3:07 PM revealed that the AIMS exams are usually conducted every six months. Further interview with the RN revealed that she was unable to locate Resident #2's recent AIMS exam and therefore, would have to look for it. At the time of the survey, there was no evidence that the RN had completed an updated AIMS exam for Resident #2. Note: A faxed copy of Resident #2's AIMS exam dated 12/19/07 was forwarded to my office a day after the survey had been completed.	I 395			
I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure the right of each client or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment for one of two residents included in the sample. (Resident #1) The finding includes:	I 500	3523.1 A copy of the needed consent from the legal guardian for resident #1 is attached...1-2-08.		

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1500	Continued From page 11 Observation of the evening medication administration on 12/18/07 at 5:48 PM, revealed Resident #1 received self administered Carbamazepine 100 mg, and Risperdal 2 mg by mouth. Interview with the nursing staff on the same day revealed that the medications were prescribed for behavior management. Review of the resident's physicians orders dated 12/1/07 on 12/18/07 at approximately 1:54 PM revealed that medications were incorporated in a Behavior Support Plan (BSP) dated 11/1/07, to address behaviors associated with inappropriate sexual gestures, aggression, and abscondance. Resident #1 also receives 1:1 staffing 24 hours a day. Interview with the Qualified Mental Retardation Professional (QMRP) on 12/19/07 at approximately 1:00 PM revealed that Resident #1 does have a legal guardian. Review of Resident #1's Psychological Assessment dated 11/2/06 on 12/18/07 at approximately 3:32 PM indicated that the resident is able to make competent decisions on his own behalf in regard to treatment, habilitation, residential placement, or financial matters dues to moderate mental retardation. There was no documented evidence that the facility informed Resident #1's legally authorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of her psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.	1500			

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